**STATE OF MAINE**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*



**RFP# 202506091**

**Community Health Nursing**

**Maternal and Child Health Nursing Services**

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| **RFP Coordinator** | | | **NAME:** | | | Casandra Manson |
| **TITLE:** | | | Procurement Administrator |
| **EMAIL:** | | | [Casandra.R.Manson@Maine.gov](mailto:Casandra.R.Manson@Maine.gov) |
| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | | | | |
| **Informational Meeting** | **DATE:** | | | | | Friday August 8, 2025 |
| **TIME:** | | | | | 10:00 AM, local time |
| **LOCATION:** | | | | | *An Informational session regarding this RFP will be held via ZOOM.* [weblink for RFP 202506091](https://mainestate.zoom.us/j/82461350449?pwd=054HTiNUZwpyzvPOra2OYIQrlEYaY1.1) Meeting ID: 824 6135 0449 Passcode: 40037724 or by phone at 1 646 931 3860 using the meeting ID provided. |
| **Submitted Questions Due Date** | | | | August 12, 2025, no later than 11:59 p.m., local time | | |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | | | | |
| **Notice of Intent to Bid Due Date** | | August 22, 2025, no later than 11:59 p.m., local time | | | | |
| *All notice of intents must be received by the RFP Coordinator by the date and time listed above.* | | | | | | |
| **Proposal Submission Deadline** | | **DATE:** | | | September 2, 2025, no later than 11:59 p.m., local time. | |
| **TO:** | | | [Proposals@maine.gov](mailto:Proposals@maine.gov) | |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* | | | | | | |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202506091**

**Community Health Nursing**

**Maternal and Child Health Nursing Services**

The State of Maine is seeking proposals for Community Health Nursing, Maternal and Child Health Nursing Services for newborns, prenatal and post-partum women, and Children and Youth with Special Health Needs.

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

An Information Meeting will be held on **August 8, 2025**, at **10:00 a.m.** at the following location: <https://mainestate.zoom.us/j/82461350449?pwd=054HTiNUZwpyzvPOra2OYIQrlEYaY1.1>

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on September 2, 2025. Proposals will be opened the following business day.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| [**Ages and Stages Questionnaires (ASQ)**](https://agesandstages.com/) | A screening tool used for child and adolescent growth and development. |
| **CHN** | Community Health Nurse(ing). |
| **Client** | An individual who is referred for and receives CHN services. The mother/caregiver and baby/child are considered individual Clients. An existing Client is currently enrolled in services, has an active plan of care, and has not been discharged. |
| [**CradleMe**](https://cradleme.org/) | A referral system for childbearing aged families in Maine administered by the Division of Public Health Nursing (PHN) in collaboration with CHN partners to provide safety and well-being for infants, children, and youth, as well as prenatal and postpartum women. Additionally, CradleMe works to improve birth outcomes Statewide and help families coordinate care with healthcare providers. |
| **Cultural Competency** | The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, and religions. Cultural Competency recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities while protecting and preserving the dignity of each. |
| [**Culturally and Linguistically Appropriate Services (CLAS) Standards**](https://thinkculturalhealth.hhs.gov/clas/what-is-clas) | Composed of [fifteen (15) standards](https://thinkculturalhealth.hhs.gov/clas/standards) that provide individuals and organizations with a blueprint for successfully implementing and maintaining culturally and linguistically appropriate services. |
| **Department** | Maine’s Department of Health and Human Services |
| [**District**](https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/index.shtml) | The Department’s [Public Health Districts](https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/index.shtml), established in 2008, comprised of eight (8) geographic areas (following county borders) and one (1) Tribal Health District comprised of five (5) Tribal Communities. |
| **Dyad** | Two Clients, the birth parent or caregiver and the child, who reside in the same home. When a Home Visit includes Dyads, one individual is considered the primary Client, and the other individual is considered the secondary Client. |
| **Home Visit** | In-person, documented encounter(s) with a Client, usually in the Client’s home, but occasionally may occur at another location with prior approval from the Department. |
| **Maternal and Child Health (MCH)** | Public health discipline assuring the health of women, children, and their families, and includes subgroups of prenatal and post-partum individuals as well as children and their caregivers. |
| **Nursing Diagnosis** | A clinical judgement about a Client, family, group, or community to an actual and/or potential health problem or life process that provides the basis for the selection of appropriate nursing interventions. |
| **[Nursing Process](https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/the-nursing-process/)** | A five (5)-part systematic decision-making method focusing on identifying and treating responses of individuals or groups to actual or potential alterations in health. The Nursing Process includes assessment, Nursing Diagnosis, planning, implementation, and evaluation. |
| **[Public Health Nursing (PHN)](https://www.maine.gov/dhhs/mecdc/public-health-nursing/index.shtml)** | A Division of Maine CDC, comprised of registered professional nurses who are skilled in maternal child health, infectious disease, and population health promotion, working to improve, preserve, and protect the health and quality of life for all Maine citizens. |
| **RFP** | Request for Proposals |
| **State** | State of Maine |

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**RFP# 202506091**

**Community Health Nursing**

**Maternal and Child Health Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Community Health Nursing (CHN), Maternal Child Health (MCH) Nursing Services as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The [Maine Center for Disease Control and Prevention (Maine CDC)](https://www.maine.gov/dhhs/mecdc/) provides leadership, expertise, information, and tools to assure conditions in which all Maine people can be healthy. Maine CDC’s Division of Public Health Nursing (PHN) is charged with strengthening the equality of access to local public health services for Maine people. PHN provides three (3) core functions of public health, which include assessments, policy development, and assurance, as well as the [10 Essential Public Health Services](https://www.cdc.gov/public-health-gateway/php/about/index.html).

The Department is working to increase the knowledge, confidence, and health of families in Maine who are of child-bearing age, as well as decrease the incidence of maternal and infant mortality, low birthweight, and unsafe sleep environments.

The MCH nursing services provided as a result of this RFP will support and extend PHN services pursuant to [22 M.R.S. §1963](https://legislature.maine.gov/statutes/22/title22sec1963.html), focusing on prenatal and pregnant women, infants and children up to age eighteen (18), as well as [Children and Youth with Special Health Needs (CYSHN)](https://www.maine.gov/dhhs/mecdc/population-health/mch/cshn/) up to age twenty-two (22), resulting in:

* Decreased rates of maternal mortality;
* Decreased rates of infant mortality and the incidence of low birth weight;
* Improved health status of children; and
* Reduced emergency department use, hospitalization, and rehospitalization.

Historically, the Department has contracted its MCH nursing services for locations in the State identified as high referral areas. Under this RFP, the Department intends to ensure Statewide MCH nursing services are available, as needed, dependent upon the Department’s capacity and referral needs within each Public Health District. The Department currently anticipate approximately three thousand (3,000) Home Visits providing MCH nursing services will be needed in Districts 1 and 2, and possibly 3, while all other Districts currently have MCH nursing service coverage through the Maine CDC’s PHN, but there may be times where the Department requires additional coverage in specific Districts throughout the State.

1. **General Provisions**
   1. From the time the RFP is issued until the award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
   2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
   3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
   4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
   5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
   6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
   7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.). State contracts and information related to contracts, including bid submissions, are generally public records per FOAA.
   8. In the event that a Bidder believes any information that it submits in response to this RFP is confidential, it must mark that information accordingly, and include citation to legal authority in support of the Bidder’s claim of confidentiality. In the event that the Department receives a FOAA request that includes submissions marked as confidential, the Department shall evaluate the information and any legal authority from the Bidder to determine whether the information is an exception to FOAA’s definition of public record. If the Department determines to release information that a Bidder has marked confidential, it shall provide advance notice to the Bidder to allow for them to seek legal relief.
   9. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
   10. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Contract Term**

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. The dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 12/1/2025 | 9/30/2027 |
| Renewal Period #1 | 10/1/2027 | 9/30/2029 |
| Renewal Period #2 | 10/1/2029 | 9/30/2030 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this RFP process.

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Proposed Services.**

1. **Operational Requirements** 
   * + 1. Provide Community Health Nursing (CHN) Maternal Child Health (MCH) nursing services Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding [State holidays](https://www.maine.gov/bhr/state-employees/holiday-schedule) and administrative closings, or as requested by the Department.
       2. Ensure a sufficient number of registered nurses (nurses), who hold a valid, in good standing license to practice in Maine, are available to provide Home Visits.
       3. Ensure nurses who will provide CHN-MCH nursing services:
          1. Comply with immunization requirements under [22 M.R.S.A. §802](https://www.mainelegislature.org/legis/statutes/22/title22sec802.html) and [10-144 C.M.R. Ch. 264](https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/Immunization%20Requirements%20for%20Healthcare%20Workers.pdf) and the federal Centers for Disease Control and Prevention, [Guidelines for Tuberculosis Prevention in Health Care Settings](https://www.cdc.gov/tb-healthcare-settings/index.html), including but not limited to:
2. Remain free of communicable disease (Hepatitis B, mumps, varicella-zoster, rubella, rubeola, and tuberculosis).

The awarded Bidder(s) shall be responsible for the cost incurred in providing the documentation of the immune status of nurses.

If the nurse is in the process of completing the Hepatitis B vaccine series, ensure evidence of the immunization process is documented.

Ensure a signed letter of declination is documented for nurses who decline the Hepatitis B vaccine.

Follow the Federal [CDC Infection Control Guidelines](https://www.cdc.gov/infection-control/hcp/index.html) and implement the Federal [CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](https://www.cdc.gov/infection-control/hcp/core-practices/index.html).

1. Conduct background checks on all nurses who will provide CHN-MCH nursing services in compliance with the Department’s [Services Contract](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents) Rider D, Section 13.
2. Ensure CHN-MCH nursing services are provided according to the Department’s Public Health Nursing (PHN)/CHN Referral Process (**Appendix** **I**,Related Materials, Document 1).
   1. Notify the referent of the referral disposition within one (1) business day.
3. Ensure all materials for Clients related to education and/or marketing purposes are approved by the Department prior to utilization/distribution.
4. Participate in monthly meetings with the Department’s PHN staff and nursing providers.
5. Ensure no Clients are charged for CHN-MCH nursing services.
6. **Clinical Service Requirements**

Accept appropriate CHN-MCH nursing referrals through CradleMe (**Appendix** **I**,Related Materials, Document 1).

Any CHN-MCH referral received outside of CradleMe or from another source, must be sent to the CradleMe team for assignment.

1. Provide a unique clinical record for each Client receiving a Home Visit.
   * + - 1. Ensure each individual is considered a unique Client.

For Dyads (birth parent or caregiver and child) in the same home:

One Client will serve as the primary Client and travel costs, calculated per [Maine Reimbursement Rates](https://www.maine.gov/osc/travel/mileage-other-info#:~:text=Mileage%20Reimbursement%20Rates%3A,rate%20is%20%240.50%20per%20mile.), may be included for reimbursement; and

The second Client will service as the secondary Client and travel cost may not be included for reimbursement.

* + - * 1. Utilize the Nursing Process to ensure each Client record includes at minimum the physical assessment, Nursing Diagnosis, plan of care, and documentation of nursing interventions.

1. Provide each Client with a physical nursing assessment and at least one (1) additional applicable assessment, based on Client needs, specifically:
   * + - 1. Perinatal mood and anxiety disorders, utilizing the [Edinburgh Postnatal Depression Scale](https://help.junoemr.com/support/solutions/articles/3000056298-edinburgh-postnatal-depression-scale-epds-) and the [Columbia Suicide Severity Rating Scale](https://cssrs.columbia.edu/wp-content/uploads/Community-Card-Patients-3.pdf), as appropriate.

Perform perinatal mental health assessment with every perinatal Client.

Ensure nurses make every effort to screen according to [Postpartum Support International](https://postpartum.net/) (PSI) recommendations:

1. First prenatal visit;
2. At least once in the second trimester;
3. At least once in the third trimester;
4. Six-week postpartum visit;
5. Repeated screening at six (6) and/or twelve (12) months for in-home settings;
6. Three (3), six (6), and twelve (12) month pediatric visits; and
7. As needed, based on the Client’s assessment and nurse discretion.
   * + - 1. Domestic Violence, utilizing the Department’s Safety and Relationship Screening (**Appendix** **I**,Related Materials, Document 2).

Perform domestic violence screening to the Client in private (one-on-one, with no partner or family members present, excluding infants) at every Home Visit admission and at follow-up Home Visits per the nurse’s discretion.

* + - * 1. Growth and developmental screening, utilizing the [Ages and Stages Questionnaires (ASQ)](https://agesandstages.com/) and the [PHN ASQ Online Platform](https://asqonline.com/).

Offer ASQ screenings to families at the recommended minimum intervals:

Initial screening at any age between two (2) months and five (5) years of age.

Children developing on schedule should be re-screened in four (4) to six (6) months up to twenty-four (24) months and every six (6) months after twenty-four (24) months.

Additional interval screening may occur based on assessment(s) during routine developmental surveillance, scores in the monitoring zone, medical or environmental stressors, at the nurse’s clinical judgement, and/or parent/caregiver concerns.

Document ASQ screenings in the PHN ASQ Online platform.

* + - * 1. Safe Sleep utilizing the Maine Infant Safe Sleep Assessment (**Appendix** **I**,Related Materials, Document 3).

Perform a Safe Sleep Assessment at every initial Home Visit for a child zero (0) to twelve (12) months of age and at subsequent Home Visits:

Anytime there has been a change in the infant Client’s environment;

Anytime there has been a change in the infant Client’s caregiver; and

As needed, determined by the nurse’s assessment of the Client’s level of knowledge.

Assess the infant Client’s immunization status at least once prior to the infant turning three (3) months of age using the Federal [CDC Vaccines and Immunization Guidelines.](https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html)

1. Conduct a head-to-toe nursing physical assessment at each Home Visit for each Client, including but not limited to using standard techniques of inspection, palpation, percussion, and auscultation, as well as vital signs.
2. Provide education and/or follow-up to Clients related to:
   * + - 1. Perinatal Mood and Anxiety Disorders (PMADS).
         2. Signs and symptoms of preterm labor.
         3. Association of Women’s Health, Obstetric and Neonatal Nurses [Post Birth Warning Signs](https://www.awhonn.org/education/post-birth-warning-signs-education-program/).
         4. Postpartum contraception use.
         5. Prenatal Safe Sleep Education.
         6. Normal crying behaviors, utilizing the [Period of Purple Crying](https://dontshake.org/purple-crying).
         7. Substance use and misuse, including tobacco use/cessation.
         8. Substance exposed infants, utilizing the [Eat, Sleep, Console](https://www.nejm.org/doi/full/10.1056/NEJMoa2214470) model.
         9. Vaccination recommendations during pregnancy and for newborns/infants.
         10. Medication guidelines during pregnancy and/or while breastfeeding.
         11. Seatbelt safety while pregnant and/or car seat safety.
3. Provide ongoing Home Visits, updated plans of care, and discharge planning utilizing the Nursing Process.
   * + - 1. Discharge planning shall be provided in the Weekly Capacity Report (**Appendix** **I,** Related Materials, Document 4) at the Client level.
         2. The Department maintains the authority to determine plans of care and discharge planning.
4. Refer the Client to programs and/or community resources as appropriate when the Client may benefit from continued support.
5. **Cultural and Linguistic Competency Requirements**
6. Ensure Clients have access to linguistically appropriate services according to Culturally and Linguistically Appropriate Services (CLAS) Standards by:
   1. Ensuring nurses demonstrate Cultural Competency when providing CHN-MCH nursing services.
   2. Ensuring educational materials in appropriate language are provided to Clients admitted to service.
7. **Reporting and Confidentiality Requirements**
8. Reports any adverse event a Client/family sustains (defined as injury, death, medication error, harm to Client) to the Department twenty-four (24) hours, (**Appendix** **I**,Related Materials, Document 5).
9. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 19. Insurance Requirements.
10. Implement risk assessment and vulnerability scanning policies and procedures for electronically collecting sensitive information (PII, PHI, and/or other confidential data) as part of the service delivery under the contract awarded under this RFP, at minimum equivalent to MaineIT policies for:

[Risk Assessment Policy & Procedures (RA-1)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RiskAssessmentPolicyProcedure.pdf); and

[Vulnerability Scanning Procedure (RA-5)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/VulnerablityScanningProcedure.pdf)

[Rules of Behavior (PL-4)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RulesofBehavior.pdf).

1. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
2. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 30. Confidentiality.
3. The State does consume any awarded Bidder application, nor does the awarded Bidder consume any State application.
4. **Performance Measures**
5. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
   1. Submit data to support the performance measure utilizing **Appendix H** (Performance Measure Report Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.
   2. Provide additional supportive documentation as indicated in **Table 1**, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Provide perinatal mental health screening and education to all perinatal Clients.* | | | |
| **a.** | One hundred percent (100%) of all perinatal Clients will be assessed for perinatal mood and anxiety disorders. | According to PSI recommendations | **Appendix H** |
| *Office Goal/Initiative: Provide domestic violence and abuse screening and interventions to all adult perinatal Clients.* | | | |
| **b.** | One hundred percent (100%) of all adult perinatal Clients will be screened for domestic violence and abuse. | At every initial Home Visit and follow up Home Visits as appropriate | **Appendix H** |
| *Office Goal/Initiative: Growth and developmental screening will be completed with all Clients between the ages of two (2) months and five (5) years utilizing ASQ.* | | | |
| **c.** | One hundred percent (100%) of all Clients between the ages of two (2) months and five (5) years of age will be provided growth and developmental screening utilizing Ages and Stages (ASQ) questionnaires. | According to the ASQ recommendations | **Appendix H** |
| *Office Goal/Initiative: All Clients less than one (1) year of age will be assessed for safe sleep environment and all caregivers will receive safe sleep education.* | | | |
| **d.** | One hundred percent (100%) of all infants less than one (1) year of age will have a Safe Sleep Assessment, including education to the parent/caregiver(s). | At every initial visit and at any time there has been a change in the infant’s environment or caregiver. | **Appendix H** |
| *Office Goal/Initiative: Increase the number of infants who meet Federal CDC Vaccine and Immunization Guidelines.* | | | |
| **e.** | One hundred percent (100%) of all infant Clients will have their immunization status reviewed within the first three (3) months of the initial Home Visit. | At least once before the infant is three (3) months of age. | **Appendix H** |
| *Office Goal/Initiative: Increase knowledge, confidence, and health of all families served by CHN-PHN through workforce training and education.* | | | |
| **f.** | Ninety percent (90%) of nursing staff will attend education on relevant MCH topics identified by the Department. | Annually | Quarterly Narrative Report |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Adverse Event Report | Any adverse event a Client/family sustains (defined as injury, death, medication error, harm to a Client). |
| **b.** | Weekly Capacity Report | Weekly Client level data which includes:Number of visits completed;Number of discharges;Number of anticipated discharges;Number of new referrals received; andAnticipated number of visits for the upcoming week. (**Appendix** **I**,Related Materials, Document 4) |
| **c.** | Performance Measures Report and Chart Audit | Client and visit level data and Performance Measures data (**Appendix H**) |
| **d.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder. |
| **e.** | Quarterly and Year-End Report | **Appendix** **I**,Related Materials, Document 6 for data fields. |
| **f.** | Fee-for-service Agreement Closeout Report | Located at: [Contract Documents | Department of Health and Human Services](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents) |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report and On-Site Visit** | | **Period Captured by Report and On-Site Visit** | **Due Date** |
| **a.** | Adverse Event Report | Each event | Within twenty-four (24) hours of the event. |
| **b.** | Weekly Capacity Report | Each week | By close of business every Friday |
| **c.** | Performance Measures Report and Chart Audit | Each month | Fifteen (15) calendar days after the end of each month |
| **d.** | Department On-Site Visit | Point-in-time | Quarterly, at the Department’s discretion |
| **e.** | Quarterly Narrative Report | Each quarter | Thirty (30) calendar days after the quarter ends. |
| **f.** | Fee-for-service Agreement Closeout Report | Annually | Sixty (60) calendar days following the close of the contract period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix K** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
      2. Questions must be submitted, by e-mail, and received by the RFP Coordinator identified on the cover page of the RFP as soon as possible but no later than the date and time specified on the RFP cover page.
      3. The RFP number and title must be included in the subject line of the e-mail containing the submitted questions. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

All amendments released in regard to the RFP will be posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Notice of Intent to Bid

* + - 1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix J** (Notice of Intent to Bid) by the date and time specified on this RFP’s cover page.

Failure to submit a Notice of Intent to Bid by this deadline will automatically result in a Bidder’s proposal being disqualified from the evaluation process.

* + - 1. **Submission:** Notices of Intent to Bid are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.

1. **Proposal Submission**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
   3. **Submission Format:**
      1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202506091 Proposal Submission – [Bidder’s Name]”**
      2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

All required documentation stated in PART IV, Section I, should be included in one (1) PDF file.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

**Appendix D** (Subcontractor Form), if applicable

**Appendix E** (Litigation Form)

**Appendix F** (Response to Proposed Services)

All required information and attachments stated in PART IV, Section II, should be included in one (1) PDF file.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix G** (Cost Proposal and Budget Narrative)

All required information and attachments stated in PART IV, Section III, should be included in one (1) PDF file.

* **File 4 [Bidder’s Name] – Cost Proposal and Budget Narrative:**

*PDF format preferred*

**Appendix H** (Performance Measure Report Template)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

Bidder proposals must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Bidders must include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Responsible Bidder Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills. Provide the Department with copies of any subcontracts to ensure work aligns with Department Performance Measures and Reporting Requirements.

* 1. **Subcontractor**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix D** (Subcontractor Form) providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Project Team Organizational Chart**

Bidders must provide a legible organizational chart of the project team including to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix E** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix E** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractor Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation Form |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6 must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix F** (Response to Proposed Services) by providing a detailed response to the requirements outlined in this RFP.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Clinical Services Work Plan |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Implementation - Work Plan |

Attachments 7 – 10 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 10 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal and Budget Narrative** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the entire contract period starting 12/1/2025 and ending 9/30/2030.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal and Budget Narrative), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in disqualification or reduction in scoring of the cost proposal, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.
3. **Reimbursement for Home Visits include:**
   1. **Primary Client reimbursement** – includes an all-inclusive Rate per each Home Visit which may include travel reimbursement.
      1. Mileage reimbursement may not exceed the current [State mileage reimbursement rate](https://www.maine.gov/osc/travel/mileage-other-info).
   2. **Secondary Client reimbursement** – includes an all-inclusive Rate per each Home Visit for homes with Dyads. A travel reimbursement rate may not be included.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
   1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
   2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
   3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations.
   4. Changes to proposals, including updating or adding information, will not be permitted during any portion of the evaluation process. Therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
   1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria:

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**  Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **No Points** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **25 points** |
| **Section III.** | **Proposed Services**  Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **40 points** |
| **Section IV.** | **Cost Proposal**  Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP.   1. Primary Client Home Visit Rate (15 points) 2. Secondary Client Home Visit Rate (10 points) | **25 points** |
| **Budget Narrative**   1. Primary Rate (5 points) 2. Secondary Rate (5 points) | **10 points** |

* 1. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  2. **Scoring the Cost Proposal:** The Primary and Secondary Client Home Visit rates proposed for conducting all the functions specified in this RFP will be assigned scores according to a mathematical formula. The lowest rate per Primary Client Home Visit rate will be awarded 15 points while the lowest rate per Secondary Client Home Visit will be awarded 10 points. Proposals with higher Primary and Secondary rate values will be awarded proportionately fewer points calculated in comparison with the lowest rate bid.

The scoring formula is:

(Lowest submitted Primary Client Home Visit Rate / Rate being scored) x 15 = pro-rated score.

(Lowest submitted Secondary Client Home Visit Rate / Rate being scored) x 10 = pro-rated score.

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

The remaining ten (10) points for the Primary and Secondary Client Home Visit Rates allocated to the Budget Narrative (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (including, but not limited to, reviewing assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
   1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the [Office of State Procurement Services forms](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least 14 calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractor Form

**Appendix E** – Litigation Form

**Appendix F** – Response to Proposed Services

**Appendix G** – Cost Proposal and Budget Narrative

**Appendix H** – Performance Measure Report Template

**Appendix I** – Related Materials

**Appendix J** – Notice of Intent to Bid

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**PROPOSAL COVER PAGE**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | | | |
| **Vendor Customer Code**  (for current State of Maine vendors)**:** | | | | | VC | |
| **Chief Executive - Name/Title:** | |  | | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Headquarters Street Address:** | |  | | | | |
| **Headquarters City/State/Zip:** | |  | | | | |
| ***(Provide information requested below if different from above)*** | | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Street Address:** | |  | | | | |
| **City/State/Zip:** | |  | | | | |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Nursing Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

|  |
| --- |
| **Provide a description of three (3) projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating proposals even if not provided by the Bidder.**  *If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder’s general capabilities.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project One** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## SUBCONTRACTOR FORM

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders should add additional Subcontractors/Consultants as needed.** |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## LITIGATION FORM

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”** |

|  |  |
| --- | --- |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**



**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**COST PROPOSAL AND BUDGET NARRATIVE**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** |  | |
| **Proposed Rate Per Home Visit for Primary Clients:** | | **$** |
| **Proposed Rate Per Home Visit for Secondary Clients:** | | **$** |

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. The proposed cost must be presented as an all-inclusive Home Visit

* 1. **Primary Client Reimbursement Rate** – includes an all-inclusive Rate per Home Visit which may include travel reimbursement; and
  2. **Secondary Client Reimbursement Rate** – includes an all-inclusive Rate per Home Visit for homes with Dyads. A travel reimbursement rate may not be included.

The proposed rates will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

|  |
| --- |
| **Budget Narrative – Primary Rate:** Bidders are to include a brief narrative to explain the basis for determining the Proposed Primary Client Reimbursement Rate Per Home Visit. |
|  |
| **Budget Narrative – Secondary Rate:** Bidders are to include a brief narrative to explain the basis for determining the Proposed Secondary Client Reimbursement Rate Per Home Visit. |
|  |

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

**The performance measure report template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**RELATED MATERIALS**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

**The related documents may be obtained in a word (.docx) or PDF (.pdf) format by double clicking on the document icon below.**

|  |  |
| --- | --- |
| * 1. **Referral Process** | * 1. **Safety and Relationship Screening** |
|  |  |
| * 1. **Maine Infant Safe Sleep Assessment** | * 1. **Weekly Capacity Report** |
|  |  |
| * 1. **Adverse Event Report Form** | * 1. **Quarterly and Year-End Report** |
|  |  |

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**NOTICE OF INTENT TO BID**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | |
| **Chief Executive - Name/Title:** | |  | | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |
| ***(Provide information requested below if different from above)*** | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Street Address:** | |  | | |
| **City/State/Zip:** | |  | | |

|  |
| --- |
| **Provide a brief description of the Bidder’s experience and ability to perform the work required within this RFP.** |
|  |

|  |  |
| --- | --- |
| **Signature of person authorized to enter into the contract with the Department:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

**SUBMITTED QUESTIONS FORM**

**RFP# 202506091**

**Community Health Nursing Maternal and Child Health Services**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
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